MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

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- CLAMS 1~// / Br 3 (20) (29) Dr. およっかす Br 2 (20) (3)	TOTAL CLAIMS	20	1.7.20.3				11 111

*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS